

City of Mukilteo Land Use Permit Application

11930 Cyrus Way Mukilteo, WA 98275 (425) 263-8000 www.mukilteowa.gov

GENERAL INFORMATION				
		PARCEL NO:		
COMP PLAN DESIGNATION:		ZONING:		
DATE OF PREAPPLICATION MEETI	NG (if held):			
APPLICANT INFORMATION				
NAME:	PHONE:	EMAIL:		
ADDRESS:		CITY:	STATE:ZIP:	
PROPERTY OWNER INFORMAT	ION Same as Above			
NAME:	PHONE:	9A 5=@ 'SS	SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	SSS
ADDRESS:		CITY:	STATE:ZIP:	
	Same as Above			
NAME:	PHONE:	EMAIL:		
ADDRESS:		CITY:	STATE: ZIP:	
Project Type (check all that apple ☐ Accessory Dwelling Unit* Binding Site Plan Comprehensive Plan Amendment* Conditional Use* È Floodplain* Development* Letter* Programmatic*	Lot Line Adjustment* Reasonable Use* Rezone* Shoreline: Conditional Use* Exemption Substantial Development	☐ Final Short ☐ Final Long	*Supplemental Application Requir Variance* Wireless Communication Facility Other*: SEPA	
		ding all submittals and attach	ments, is true and correct under penalty	of
Applicant / Authorized Agen	t Signature		Date	
Owner Signature (required)			Date	